

APPLICATION FOR CERTIFICATION OF DISSOLUTION OF MARRIAGE

INFORMATION: The Office of the State Registrar of Vital Statistics maintains records of divorces from 1962 through June 30, 1984. We issue a Certification of Record, not the Decree. A Certification of Record gives the names, filing date, county, and case number of the divorce only.

INSTRUCTIONS

1. Use a separate application blank for each different record of marriage for which you are requesting a certification. Send **\$12** for **each** certification requested. If no record of the marriage is found, the \$12 fee will be retained for searching as required by statute and a Certification of No Record will be sent.
2. Give all the information you have available for the identification of the record of the divorce in the spaces under **Husband and Wife Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
3. Complete the **Applicant Information** section.
4. Indicate the number of certified copies you wish and include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the **Office of Vital Records**. The fee is **\$12** for each certification. Mail this application with the fee to the Office of Vital Records, 304 S Street, P.O. Box 730241, Sacramento, CA 94244-0241. You may also FAX your request and charge it to a credit card to: 1-800-858-5553 or (916) 442-6766 (out of country). There is an additional fee of \$7 for using the charge card service. If requested, express courier fee will be applied to credit card.

HUSBAND AND WIFE INFORMATION – PLEASE PRINT OR TYPE

Name of Husband – First	Middle	Last
Name of Wife – First	Middle	Last
Date of Divorce – Month, Day, Year	If Date Unknown, Enter Year(s) to be Searched	County of Divorce

APPLICANT INFORMATION – PLEASE PRINT OR TYPE

Purpose for Which Certified Copy is to Be Used	Today's Date	Telephone Number – Area Code first ()	
Name of Person Completing Application (Please Print)	Signature (Person Requesting Record(s) or Cardholder, if Different		
Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	Number of Copies	Amount Enclosed	E-mail Address
Mailing Address for Copies, if Different From Above	City	State	ZIP Code
Credit Card # for FAX Orders	Expiration Date	Shipping Method: <input type="checkbox"/> Express Courier <input type="checkbox"/> Regular Mail	

DO NOT WRITE IN SPACE BELOW – FOR REGISTRAR ONLY**DISSOLUTION**